

**CRITERIA FOR PRIOR AUTHORIZATION****Aromatase Inhibitors****PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Anastrozole (Arimidex®)  
Exemestane (Aromasin®)  
Letrozole (Femara®)

**CRITERIA FOR BREAST CANCER (ALL AGENTS):** (must meet all of the following)

- Patient must have a diagnosis of breast cancer

**CRITERIA FOR ENDOMETRIAL CANCER (ALL AGENTS):** (must meet all of the following)

- Patient must have a diagnosis of endometrial carcinoma

**CRITERIA FOR UTERINE SARCOMA (ALL AGENTS):** (must meet all of the following)

- Patient must have a diagnosis of uterine sarcoma

**CRITERIA FOR OVARIAN CANCER (ARIMIDEX & FEMARA ONLY):** (must meet all of the following)

- Patient must have a diagnosis of ovarian cancer

**CRITERIA FOR BREAST CANCER RISK REDUCTION (AROMASIN ONLY):** (must meet all of the following)

- Patient must be postmenopausal
- Patient must have a life expectancy of  $\geq 10$  years
- Patient must not have surgical risk reduction (mastectomy)
- Patient must meet one of the following:
  - Patient must have a family history of or known genetic predisposition to breast cancer
  - Patient must have a lifetime risk of breast cancer  $>20\%$  based on models largely dependent on family history
  - Patient must be 35 years of age or older with an increased risk of breast cancer as determined by a modified Gail model (5-year breast cancer risk  $\geq 1.7\%$ )
  - Patient must have a history of lobular carcinoma in situ
  - Patient must have a history of thoracic radiation under 30 years of age

**LENGTH OF APPROVAL** 12 months